



# Implementation of House Bill 400

## Providing Electronic Ballots to Electors with Disabilities

Office of Montana Secretary of State Linda McCulloch  
Elections and Government Services – August 2015

# House Bill 400

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## ► Bill Title

“An Act allowing an elector with a disability to vote using an electronic ballot; providing voting procedures relating to electronic ballots for electors with disabilities.....”

## ► Act is effective October 1, 2015

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## ► What is an “elector with a disability”

**13-3-202. Definitions.** As used in this part, unless the context indicates otherwise, the following definitions apply:

.....

(2) "Disability" means a temporary or permanent physical impairment such as:

- (a) impaired vision;
- (b) impaired hearing; or
- (c) impaired mobility. Individuals having impaired mobility include those who require use of a wheelchair and those who are ambulatory but are physically impaired because of age, disability, or disease.

►...3....

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- ▶ How will you know if someone is an “elector with a disability”

- ▶ Application for eballot will contain the following affirmation:

*“By signing below, I understand that I am officially requesting an absentee ballot, and affirm that I am eligible to receive and vote an electronic ballot because I am an individual with a temporary or permanent physical impairment such as impaired vision, impaired hearing or impaired mobility in accordance with [13-3-202, Montana Code Annotated](#), and I will have met the 30-day Montana residency requirement before voting my absentee ballot.”*

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- ▶ How will you send an eballot to an elector with a disability?
  1. Use the Electronic Ballot Request System (EBRS - SOS system similar to the EAS)
  2. Email a fillable PDF ballot
  3. Other at county's discretion

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## ► What will you send with the eballot?

1. Absentee instructions
2. A secrecy envelope
3. A transmittal cover sheet
4. A return “signature” envelope
5. If elector is provisionally registered, instructions about what additional information the elector must return

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- ▶ How will you send envelopes?
  - ▶ Templates on EBRS
  - ▶ Email envelope templates
  - ▶ Mail envelopes to elector and include note with emailed instructions that envelopes are being mailed separately

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- ▶ Do you have to track eballots sent to electors with disabilities?

House Bill 400 requires that you keep a log of all ballots provided, and a log of ballots accepted and transcribed

- ▶ Log of ballots provided is in MT Votes
  - ▶ Do a search of EBR absentee status and extract



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## ► Transcription Log (used for EAS and EBRS ballots)



Electronic Ballot Transcription Log – for accepted ballots received electronically and transcribed

Election: \_\_\_\_\_ Election Date: \_\_\_\_\_

| Precinct/<br>Ballot<br>Style | Remake #  | Type of Ballot  | Method of<br>Election<br>Office<br>Receipt of<br>Ballot:  | Election Official #1<br>Signature/Date<br>Signed (required) | Election Official #2<br>Signature/Date Signed<br>(required) | Election Official #3<br>Signature/Date Signed<br>(required) |
|------------------------------|-----------|---|---|---|---|---|
|                              | EB# _____ | <input type="checkbox"/> UOCAVA – Military<br>Domestic<br><input type="checkbox"/> UOCAVA – Military<br>Overseas<br><input type="checkbox"/> UOCAVA – Overseas<br>Citizen<br><input type="checkbox"/> EBT | <input type="checkbox"/> Mail<br><input type="checkbox"/> Fax<br><input type="checkbox"/> Email<br><input type="checkbox"/> EAS<br><i>(Not applicable<br/>for Non-UOCAVA<br/>Disabled)</i><br><input type="checkbox"/> In<br>Person |   |   |   |
|                              | EB# _____ | <input type="checkbox"/> UOCAVA – Military<br>Domestic<br><input type="checkbox"/> UOCAVA – Military<br>Overseas  | <input type="checkbox"/> Mail<br><input type="checkbox"/> Fax<br><input type="checkbox"/> Email   |   |   |   |

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- ▶ **Rules – Process for Receipt, Log and Transcription of Ballots**
  1. Log in receipt of eballot in MT Votes and on the transcription log
  2. Place in envelope or container with original issued ballot
  3. Retain transmittal cover sheet separately from ballots

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- ▶ Rules – Process for Receipt, Log and Transcription of Ballots
  - 4. No earlier than the day before election day, ballot is transcribed by no less than 3 election officials
    - ▶ Transcription must be done in a manner that ensures that no one transcribing the ballot has access to the name of the elector who voted the ballot

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## ► Rules – Process for Receipt, Log and Transcription of Ballots

5. Officials doing transcription shall write an electronically transmitted ballot identifying number on the transcribed ballot, the envelope containing the voted ballot and the eballot, and in the transcription log

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- ▶ Rules – Process for Receipt, Log and Transcription of Ballots
  - 6. Officials doing transcription of eballot must sign on the log for each ballot they transcribe.

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- ▶ Some differences between eballots for UOCAVA voters and eballots for electors with disabilities
  - I. User must be a registered elector to use the system

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- ▶ Some differences between eballots for UOCAVA voters and eballots for electors with disabilities
  - 2. User can apply using the system, but application will be processed and a MT Votes ballot issued before user can access the eballot from the system

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- ▶ Some differences between eballots for UOCAVA voters and eballots for electors with disabilities
- 3. User will receive an email notification from county with a link to the EBRS and a PIN to access and mark the eballot



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- ▶ Some differences between eballots for UOCAVA voters and eballots for electors with disabilities
- 4. System will open 30 days before election day and close for applications at noon the day before election day
  - **Elector can still access ballot on system until 8 pm on election day**



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**WHY do we do all of  
this extra work???**

In the words of an individual with a  
disability.....

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“....It’s really about giving people the opportunity to cast their own ballots.....many people have adaptive software on their computers at home that allow them to do activities such as read the paper, pay bills, etc. .... Independent living, civil rights, it’s all about opportunity....”

*Joel Peden, Montana Centers for Independent Living*

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- ▶ The Secretary of State will be working with counties in the months before the 2016 elections to finalize the EBRs, and to incorporate necessary changes to MT Votes; and will conduct further training at the February certification training.
- ▶ Questions?



## Electronic Ballot Transcription Log – for accepted ballots received electronically and transcribed

Election: \_\_\_\_\_

Election Date: \_\_\_\_\_

| Precinct/<br>Ballot<br>Style | Remake #  | Type of Ballot  | Method of<br>Election<br>Office<br>Receipt of<br>Ballot:   | Election Official #1<br>Signature/Date<br>Signed (required) | Election Official #2<br>Signature/Date Signed<br>(required) | Election Official #3<br>Signature/Date Signed<br>(required) |
|------------------------------|-----------|---|--|---|---|---|
|                              | EB# _____ | <input type="checkbox"/> UOCAVA – <b>Military Domestic</b><br><input type="checkbox"/> UOCAVA – <b>Military Overseas</b><br><input type="checkbox"/> UOCAVA – <b>Overseas Citizen</b><br><input type="checkbox"/> EBRS      | <input type="checkbox"/> <b>Mail</b><br><input type="checkbox"/> <b>Fax</b><br><i>(UOCAVA only)</i><br><input type="checkbox"/> <b>Email</b><br><i>(UOCAVA only)</i><br><input type="checkbox"/> <b>EAS</b><br><i>(UOCAVA only)</i><br><input type="checkbox"/> <b>In Person</b> |   |   |   |
|                              | EB# _____ | <input type="checkbox"/> UOCAVA – <b>Military Domestic</b><br><input type="checkbox"/> UOCAVA – <b>Military Overseas</b><br><input type="checkbox"/> UOCAVA – <b>Non-Military Overseas</b><br><input type="checkbox"/> EBRS | <input type="checkbox"/> <b>Mail</b><br><input type="checkbox"/> <b>Fax</b><br><i>(UOCAVA only)</i><br><input type="checkbox"/> <b>Email</b><br><i>(UOCAVA only)</i><br><input type="checkbox"/> <b>EAS</b><br><i>(UOCAVA only)</i><br><input type="checkbox"/> <b>In Person</b> |   |   |   |



## Individual with a Disability Application for Electronic Absentee Ballot

Including Absentee List Request, Election Specific Absentee Ballot Request and Request for Absentee Ballot Due to Illness or Health  
Fields marked with an asterisk (\*) are required fields.

Please type or use black or blue pen only and print clearly. COMPLETE FORM AND SUBMIT TO COUNTY ELECTION OFFICE BY NOON THE DAY BEFORE ELECTION DAY

### APPLICANT IDENTIFYING AND CONTACT INFORMATION

|   |                            |   |
|---|----------------------------|---|
| Last Name*  | First Name*                | Middle Name                             |
| <input type="text"/>  | <input type="text"/>       | <input type="text"/>                    |
| Birthdate* (MM/DD/YYYY)   | Phone Number               | Email Address                           |
| <input type="text"/>  | <input type="text"/>       | <input type="text"/>                    |
| County where you reside and are registered to vote*   | Montana Residence Address* | City* Zip Code*                         |
| <input type="text"/>  | <input type="text"/>       | <input type="text"/>                    |
| Mailing Address (required if differs from residence address*)   | City and State             | Zip Code                                |
| <input type="text"/>  | <input type="text"/>       | <input type="text"/>                    |
| <input type="checkbox"/> Check if the mailing address listed above is for part of the year only and if so, complete the information below (for absentee ballot list only).<br>Clearly print the complete mailing address(es) and specify the applicable time periods for address (add more addresses as necessary). |                            |   |
| Seasonal Mailing Address  | City and State             | Zip Code Period (mm/dd/yyyy-mm/dd/yyyy) |
| <input type="text"/>  | <input type="text"/>       | <input type="text"/>                    |

### BALLOT REQUEST OPTIONS AND VOTER AFFIRMATION

☐ I request an absentee ballot to be emailed to me for **ALL elections** in which I am eligible to vote as long as I remain qualified to receive an electronic ballot as an individual with a disability. I understand that in order to continue to receive an electronic absentee ballot, I must complete, sign, and return a confirmation notice mailed to me by the county election office;

OR

☐ I hereby request an absentee ballot for the upcoming election (check only one):

☐ Primary ☐ General ☐ Municipal ☐ Other election to be held on

*By signing below, I understand that I am officially requesting an absentee ballot, and affirm that I am eligible to receive and vote an electronic ballot because I am an individual with a temporary or permanent physical impairment such as impaired vision, impaired hearing or impaired mobility in accordance with 13-3-202, Montana Code Annotated, and I will have met the 30-day Montana residency requirement before voting my absentee ballot. (Also sign affidavit at bottom of page if requesting due to illness or health emergency.)*

\*Signature of Elector – If elector is unable to sign, may use fingerprint, mark or Agent

\*Date Signed

*Optional - Voter Information Pamphlet Request* (an electronic version of this pamphlet can be found at [sos.mt.gov](https://sos.mt.gov))

☐ Please send current Voter Information Pamphlet, if applicable to this election. Audio and large-print versions of the Voter Information Pamphlet are available online at: <http://www.sos.mt.gov/elections/Disabilities>, and a Braille version is available upon request.

*Optional - Affidavit of elector (due to illness or health emergency)*

*Optional:* I hereby declare that I am prevented from voting at the polls due to illness or health emergency occurring between 5:00 p.m. on the Friday preceding the election and 8 p.m. on election day.

Signature of Elector

Date Signed